

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029512

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2151

FILED JUL 31 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON BARRACKS MO

Length of stay in 1b

8 DAYS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONVETERANS ADMINISTRATION  
HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY WARREN

c. CITY

OR TOWN

WARRENTON

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

RURAL ROUTE #2

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

LEO

Middle

ERNEST

Last

LECOUR

4. DATE OF DEATH

Month

JULY

Day

21

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-23-14

9. AGE (last birthday)

47 YEARS

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HEEL MAKER

10b. KIND OF BUSINESS OR INDUSTRY

SHOE

11. BIRTHPLACE (City and state or country)

ST BONIFACE, CANADA

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ALBERT LECOUR

13b. MOTHER'S MAIDEN NAME

AMANDA CAMPAGNA

14. NAME OF HUSBAND OR WIFE

NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

YES

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

WARRENTON, MISSOURI

THERESA PETERS, RURAL ROUTE #2

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

DUE TO (b)

ATHEROSCLEROSIS

MANY YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY EMBOLI AND INFARCTION - 2-3 DAYS

CARCINOMA HEAD OF PANCREAS WITH MULTIPLE METASTASI TO LIVER

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-13-1962 to 7-21-1962

Death occurred at 9:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

JOHN MUELLER M.D.

22b. ADDRESS

VAH JEFFERSON BARRACKS, MO.

22c. DATE SIGNED

7-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/24/62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Calvin F. Feutz 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

7-23-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.